

Registration District No. **577**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Luke's Hospital 6**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)  
In this community **5 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Lyon 999**  
(c) City or town **Emporia, Mo. 14**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1406 Center**  
(If rural, give location)  
(e) Citizen of foreign country? **2** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Clarence Raymond Jenkins**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lorena M. Jenkins** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **March 17 1894**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **1** Days **4** If less than one day hr. min.

9. Birthplace **Osage County Kansas 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Policeman**

11. Industry or business.....

12. Name **Charles Jenkins**

13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gullia McCracken**

15. Birthplace **Washington County Indiana 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lorena Jenkins**

(b) Address **1406 Center, Emporia, Kansas**

17. (a) **Burial Removal** (b) Date thereof **4-25-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Emporia, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **4-23-42** (b) **M. M. Crowley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **21**  
year **1942** hour **8** minute **10** M.

21. I hereby certify that I attended the deceased from **4 19 1942** to **4 21 1942**  
that I last saw him alive on **4 21 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach** Duration **5 mo**

Due to **46B**

Due to.....  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of the stomach**  
Of autopsy **Carcinoma of the stomach**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) ( ) Means of injury **?**

23. Signature **F. J. Wilson** (M. D. or other)  
Address **Flag Med Bldg** Date signed **4 21 42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

301

K.C. Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clarence H. Chile  
Licensed Embalmer No. 3473  
P. O. Address 96emo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**